

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Local Codes
Effective July 1, 2006

Local Code	Description	NON-FACILITY		Payment Policy Reference
		FEE	FACILITY FEE	
0010E	Ankle weight purchase	By Report	By Report	To reimburse claimant costs
0012E	Wrist weight purchase	By Report	By Report	To reimburse claimant costs
0301R	Retraining, plan travel, mileage	State Rate	State Rate	
0302R	Retraining, plan travel, parking	By Report	By Report	
0303R	Retraining, plan travel, bridge/ferry toll	By Report	By Report	
0304R	Retraining, plan travel, commercial transportation	By Report	By Report	
0375R	Retraining, relocation costs	By Report	By Report	
0378R	Stand Alone Job Analysis, non-VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 150
0380R	Job modification	By Report	By Report	Professional Services, Page 148
0385R	Pre-job accommodation	By Report	By Report	Professional Services, Page 148
0388R	Plan development services, non-voc	By Report	By Report	Professional Services, Page 150
0389R	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$9.93	\$9.93	Professional Services, Page 148 & 151
0390R	Work evaluation, non-VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 148 & 151
0391R	Travel/wait time, non-VRC, per 6 minutes	\$4.50	\$4.50	Professional Services, Page 148 & 151
0392R	Mileage, non-VRC, per mile	State Rate	State Rate	Professional Services, Page 148 & 151
0393R	Ferry charges, non-vocational	State Rate	State Rate	Professional Services, Page 148 & 151
0395R	Dept of Personnel rtn to wrk srvc	By Report	By Report	
0401A	Claimant - Private transportation, per mile	State Rate	State Rate	To reimburse claimant costs
0402A	Claimant - Parking	By Report	By Report	To reimburse claimant costs
0403A	Claimant - Bridge ferry tolls	By Report	By Report	To reimburse claimant costs
0405A	Claimant - Commercial fare (airlines, railroad)	By Report	By Report	To reimburse claimant costs
0406A	Claimant - Lodging (hotel/motel)	State Rate	State Rate	To reimburse claimant costs
0407A	Claimant - Breakfast	State Rate	State Rate	To reimburse claimant costs
0408A	Claimant - Lunch	State Rate	State Rate	To reimburse claimant costs
0409A	Claimant - Dinner	State Rate	State Rate	To reimburse claimant costs
0411A	Claimant - Time lost from work to attend department or self-insurer requested IME	By Report	By Report	To reimburse claimant costs
0412A	Claimant - Travel related to a department or self-insurer requested exam	State Rate	State Rate	To reimburse claimant costs
0413A	Claimant - Miscellaneous travel (must specify)	State Rate	State Rate	To reimburse claimant costs
0414A	Claimant - Taxi one way, or mileage	By Report	By Report	To reimburse claimant costs
0415A	Claimant - Replacement of clothing	By Report	By Report	To reimburse claimant costs
0420A	Lumbar seat support	By Report	By Report	To reimburse claimant costs
0426A	Silicone elastomer/scar conformer	By Report	By Report	To reimburse claimant costs
0440A	Weight loss program, joining fee, worker reimbursement	\$144.08	\$144.08	To reimburse claimant costs
0441A	Weight loss program, weekly fee, worker reimbursement	\$28.82	\$28.82	To reimburse claimant costs
0800V	Early intervention services, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0801V	Early intervention services, intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 149
0802V	Early Intervention Services Extension, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0803V	Early Intervention Services Extension intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 149

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0808V	Stand Alone Job Analysis, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 150
0809V	Stand Alone Job Analysis, intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 150
0810V	Assessment services, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0811V	Assessment services, intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 149
0821V	Work evaluation, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0823V	Pre-job or job modification consultation, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0824V	Pre-job or job modification consultation, intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 149
0830V	Plan development services, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0831V	Plan development services, intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 149
0840V	Plan implementation services, VRC, per 6 minutes	\$8.17	\$8.17	Professional Services, Page 149
0841V	Plan implementation services, intern, per 6 minutes	\$6.95	\$6.95	Professional Services, Page 149
0881V	Forensic services, forensic VRC, per 6 minutes	\$9.77	\$9.77	Professional Services, Page 150
0882V	Testimony on VRC's own work, VRC, per 6 minutes	\$8.17	\$8.17	
0883V	Testimony on Intern's own work, intern, per 6 minutes	\$6.95	\$6.95	
0884V	AGO witness testimony, VRC, per 6 minutes	\$8.17	\$8.17	
0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$4.07	\$4.07	Professional Services, Page 150
0892V	Travel/wait time, intern, per 6 minutes	\$4.07	\$4.07	Professional Services, Page 150
0893V	Professional mileage, VRC, per mile	State Rate	State Rate	Professional Services, Page 150
0894V	Professional mileage, intern, per mile	State Rate	State Rate	Professional Services, Page 150
0895V	Air travel, VRC, intern, or forensic VRC	By Report	By Report	Professional Services, Page 150
0896V	Ferry charges (Voc)	By Report	By Report	Professional Services, Page 150
0897V	Hotel charges (Voc) [Out-of-state only]	By Report	By Report	Professional Services, Page 150
1001M	Work hardening - Evaluation, per hour (max 6 hours)	\$108.93	\$108.93	Professional Services, Page 64
1026M	Attending physician final report (PFR)	\$40.50	\$40.50	Professional Services, Page 144
1027M	Loss of earning power form (LEP)	\$17.62	\$17.62	Professional Services, Page 144
1028M	Review of job descriptions or job analysis, each additional review	\$34.34	\$34.34	Professional Services, Page 97
1037M	Physical capacities evaluation (PCE) or restrictions	\$28.17	\$28.17	Professional Services, Page 144
1038M	Review of job descriptions or job analysis	\$45.79	\$45.79	Professional Services, Page 97
1039M	Time loss notification	\$17.62	\$17.62	Professional Services, Page 144
1040M	Report of industrial injury or occupational disease/ report of accident (ROA)	\$35.22	\$35.22	Professional Services, Page 144
1041M	Application to reopen claim	\$45.79	\$45.79	Professional Services, Page 144
1044M	Physical medicine modality(ies) and/or procedure(s) by attending doctor not board qualified/certified in PM&R	\$40.09	\$40.09	Professional Services, Page 58
1045M	Performance-based physical capacities evaluation with report and summary of capacities.	\$657.01	\$657.01	Professional Services, Page 60
1046M	Provider mileage, per mile, when round trip exceeds 14 miles.	\$4.53	\$4.53	Professional Services, Page 146
1048M	Doctor's estimate of physical capacities	\$28.17	\$28.17	Professional Services, Page 145
1055M	Occupational disease history form	\$170.88	\$170.88	Professional Services, Page 145
1056M	Supplemental medical report (SMR)	\$22.89	\$22.89	Professional Services, Page 145

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1057M	Opioid progress report supplement	\$28.17	\$28.17	Professional Services, Page 145
1061M	Claimant - per diem lodging/meals	By Report	By Report	
1063M	Attending doctor review of independent medical exam (IME)	\$35.22	\$35.22	Professional Services, Page 145
1064M	Initial report documenting need for opioid treatment	\$52.84	\$52.84	Professional Services, Page 145
1065M	Attending doctor IME review written report	\$26.41	\$26.41	Professional Services, Page 145
1066M	Review of video materials with report	By Report	By Report	Professional Services, Page 145
1067M	Assess impd to rtn to wrk, mentor	\$249.41	\$198.45	
1068M	Access impediments to rtn to wrk, app	\$97.60	\$68.05	
1069M	Activity prescription form	\$45.79	\$45.79	
1070M	Refer for assessment of impediments	By Report	By Report	
1071M	Quality indicator incentive payment	\$75.91	\$75.91	
1100M	IME - Microfiche processing	\$54.76	\$54.76	Professional Services, Page 93
1101M	IME - Microfiche additional fee	\$5.48	\$5.48	Professional Services, Page 93
1104M	IME - Addendum report	\$105.56	\$105.56	Professional Services, Page 93
1108M	IME - Standard, single	\$459.46	\$459.46	Professional Services, Page 94
1109M	IME - Complex, single	\$574.30	\$574.30	Professional Services, Page 94
1111M	IME - No show fee, single examiner, standard or complex	\$195.52	\$195.52	Professional Services, Page 95
1112M	IME - Additional examiner	\$409.13	\$409.13	Professional Services, Page 95
1118M	IME - by psychiatrist	\$831.44	\$831.44	Professional Services, Page 95
1120M	IME - No show fee, psych	\$303.06	\$303.06	Professional Services, Page 95
1122M	IME - Pain management impairment rating	\$459.46	\$459.46	Professional Services, Page 95
1123M	IME - Communication issues	\$184.76	\$184.76	Professional Services, Page 95
1124M	IME - Other	By Report	By Report	Professional Services, Page 95
1125M	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$4.51	\$4.51	Professional Services, Page 95
1128M	IME - Occupational disease history	\$170.88	\$170.88	Professional Services, Page 96
1129M	IME - Extensive file review, > 10 pages of fiche, per page	\$51.73	\$51.73	Professional Services, Page 96
1130M	IME - Terminated examination	\$327.30	\$327.30	Professional Services, Page 96
1131M	IME - Out-of-state examination	By Report	By Report	Professional Services, Page 96
1151M	Omd requested consultation	By Report	By Report	
1152M	Coord of hlth svcs, pt present, initial	\$114.87	\$114.87	
1153M	Coord of hlth svcs, pt present, maint	\$69.46	\$69.46	
1190M	Impairment rating exam and report by attending doctor, limited	\$409.13	\$409.13	Professional Services, Page 90
1191M	Impairment rating exam and report by attending doctor, standard	\$459.46	\$459.46	Professional Services, Page 91
1192M	Impairment rating exam and report by attending doctor, complex	\$574.30	\$574.30	Professional Services, Page 91
1194M	Impairment rating exam and report by consultant, standard	\$459.46	\$459.46	Professional Services, Page 91
1195M	Impairment rating exam and report by consultant, complex	\$574.30	\$574.30	Professional Services, Page 91
1198M	Impairment rating, addendum report	\$105.56	\$105.56	Professional Services, Page 92
1207M	UR contracted - outpatient rvw data coll	Contracted	Contracted	
1215M	UR contracted - retrospective audit/review	Contracted	Contracted	

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1220M	Nurse case management phone calls, per 6 minutes	\$8.97	\$8.97	Professional Services, Page 142
1221M	Nurse case management visit, per 6 minutes	\$8.97	\$8.97	Professional Services, Page 142
1222M	Nurse case management case planning, per 6 minutes	\$8.97	\$8.97	Professional Services, Page 142
1223M	Nurse case management travel/wait time, per 6 minutes	\$4.41	\$4.41	Professional Services, Page 142
1224M	Nurse case management mileage, per mile	State Rate	State Rate	Professional Services, Page 142
1225M	Nurse case management travel expenses (parking, tolls, ferry, lodging, airfare)	State Rate	State Rate	Professional Services, Page 142
1226M	UR Contract: Prospective review - inpatient	Contracted	Contracted	
1227M	UR Contract: Prospective review - outpatient	Contracted	Contracted	
1230M	UR Contract: Retrospective outpatient review	Contracted	Contracted	
1243M	UR Contract: Retrospective inpatient review without bill audit	Contracted	Contracted	
2010M	Pain clinic evaluation	\$1,030.16	\$1,030.16	Facility Services, Page 180
2011M	Pain clinic treatment, per day	\$659.84	\$659.84	Facility Services, Page 180
2012M	Pain clinic treatment extension, per day	\$659.84	\$659.84	Facility Services, Page 180
2013M	Pain clinic follow up, per day	\$283.63	\$283.63	Facility Services, Page 180
2050A	Level 1: Chiropractic care visit (straightforward complexity)	\$38.35	\$38.35	Professional Services, Page 74
2051A	Level 2: Chiropractic care visit (low complexity)	\$49.12	\$49.12	Professional Services, Page 74
2052A	Level 3: Chiropractic care visit (moderate complexity)	\$59.84	\$59.84	Professional Services, Page 74
4570A	Claimant - Misc. medical supplies (must specify)	By Report	By Report	To reimburse claimant costs
5091V	Hearing aid restocking fee	By Report	By Report	Professional Services, Page 125 & 127
5092V	Hearing aid cleaning visit	\$22.17	\$22.17	Professional Services, Page 127
5093V	Hearing aid repair (manf invoice required)	By Report	By Report	Professional Services, Page 127
8880H	Nursing home, rehab - ultra high (per day)	\$506.73	\$506.73	Facility Services, Page 175
8881H	Nursing home, rehab - very high (per day)	\$385.09	\$385.09	Facility Services, Page 175
8882H	Nursing home, rehab - high (per day)	\$346.36	\$346.36	Facility Services, Page 175
8883H	Nursing home, rehab - medium (per day)	\$337.95	\$337.95	Facility Services, Page 175
8884H	Nursing home, rehab - low (per day)	\$266.42	\$266.42	Facility Services, Page 175
8885H	Nursing home, extensive services (per day)	\$314.92	\$314.92	Facility Services, Page 175
8886H	Nursing home, special care (per day)	\$237.20	\$237.20	Facility Services, Page 175
8887H	Nursing home, clinically complex (per day)	\$235.83	\$235.83	Facility Services, Page 175
8888H	Nursing home, impaired cognition (per day)	\$177.20	\$177.20	Facility Services, Page 175
8889H	Nursing home, behavior only (per day)	\$175.84	\$175.84	Facility Services, Page 175
8890H	Nursing home, reduced physical function (per day)	\$190.84	\$190.84	Facility Services, Page 175
8891H	Adult family hm res. Care for inj. Work (per day)	\$190.84	\$190.84	Facility Services, Page 174
8892H	Boarding hm res. Care for inj. Worker (per day)	\$87.67	\$87.67	Facility Services, Page 174
8901H	Attendant services by department approved spouse provider (per hour)	\$11.90	\$11.90	Professional Services, Page 114
8902H	Nursing home or residential care (group home, boarding home)	By Report	By Report	Facility Services, Page 174
8906H	Facility hospice care (per day)	By Report	By Report	Facility Services, Page 174
8907H	Home health agency visit, RN (per day)	\$139.00	\$139.00	Professional Services, Page 114
8912H	Home health agency visit, RN, each additional visit (per day)	\$58.45	\$58.45	Professional Services, Page 114

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Local Code	Description	NON-FACILITY FEE	FACILITY FEE	Payment Policy Reference
8914H	Home modification, construction and design	By Report	By Report	Professional Services, Page 147
8915H	Vehicle modification	By Report	By Report	Professional Services, Page 147
8916H	Home modification evaluation and consultation	By Report	By Report	Professional Services, Page 147
8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	State Rate	Professional Services, Page 147
8918H	Vehicle modification initial evaluation or consultation	By Report	By Report	Professional Services, Page 147
8920H	Vehicle modification follow up consultation	By Report	By Report	Professional Services, Page 147
8950H	Comprehensive brain injury evaluation	\$3,869.03	\$3,869.03	Facility Services, Page 171
8951H	Brain injury rehab program- full day	\$690.89	\$690.89	Facility Services, Page 171
8952H	Brain injury rehab program- half day	\$414.55	\$414.55	Facility Services, Page 171
9986M	Interpreter mileage, per mile	State Rate	State Rate	Professional Services, Page 133
9988M	Group direct interpretive services including wait and form completion time provided directly between the health care or vocational provider and the claimant, per minute	\$0.82	\$0.82	Professional Services, Page 133
9989M	Individual direct interpretive services including wait and form completion time provided directly between the health care or vocational provider and the claimant, per minute	\$0.82	\$0.82	Professional Services, Page 133
9996M	Interpreter "no show" fee when a claimant does not attend an insurer requested IME	\$49.10	\$49.10	Professional Services, Page 133
9997M	Document translation at insurer request	By Report	By Report	Professional Services, Page 134
R0310	Retraining tuition fees incl parking	By Report	By Report	To reimburse claimant costs
R0312	Retraining supplies	By Report	By Report	To reimburse claimant costs
R0315	Retraining equipment	By Report	By Report	To reimburse claimant costs
R0320	Retraining examination and license fees	By Report	By Report	To reimburse claimant costs
R0330	Retraining transportation mileage	State Rate	State Rate	To reimburse claimant costs
R0332	Retraining parking	By Report	By Report	To reimburse claimant costs
R0334	Retraining bridge ferry tolls	By Report	By Report	To reimburse claimant costs
R0336	Retraining commercial transportation	By Report	By Report	To reimburse claimant costs
R0340	Retraining books	By Report	By Report	To reimburse claimant costs
R0350	Retraining other	By Report	By Report	To reimburse claimant costs
R0360	Retraining board	By Report	By Report	To reimburse claimant costs
R0370	Retraining room	By Report	By Report	To reimburse claimant costs
R0390	Retraining child care licensd 6 hr/less	By Report	By Report	To reimburse claimant costs
R0392	Retraining child care licensd 7-9 hrs ea	By Report	By Report	To reimburse claimant costs
V0028	Travel, vocational services, claimant	State Rate	State Rate	To reimburse claimant costs